

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2054</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jose</u> <u>F</u> <u>Alvarez</u> P.O. Box, Bldg., Room No., if any Street <u>83 Iroquois Rd.</u> City <u>Yonkers</u> State <u>New York</u> ZIP Code + 4 <u>10710</u>	4. Name, file number, and address of labor organization. Name <u>AFL-CIO</u> Labor Organization File Number P.O. Box, Building and Room Number, if any Street <u>815 16th St. N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Region Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>3/27/2005</u> Date	<u>917-562-7864</u> Telephone Number

Name of Person Filing Jose Alvarez

File Number U-2054

Name [REDACTED]

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street 16 E. 34th St.

City New York

State New York ZIP Code + 4 10016

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name [REDACTED]

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

11.a. Nature of such dealing.

Cornell ILR School provides the AFL-CIO with curriculums, training designs and actual trainings.

11.b. Approximate dollar value of such dealing.

DON'T KNOW

12.a. Nature of interest held or income received.

Spouse is employed by Cornell ILR School.

12.b. Amount.

\$86,500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name [REDACTED]

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.